



Trauma

1. High rate of fracture at canine region of mandible is due to:

- A. Change of direction of forces occurring here
- B. Long canine root*
- C. Lower order is thin in this area
- D. Alveolar is thin area

2. A patient with bilateral subcondylar fracture presented with:

- A. Inability to open the mouth
- B. On opening mandibular movement forward
- C. Closed bite
- D. Anterior open bite*

3. A horizontally unfavourable fracture of angle of mandible runs from:

- A. Lingual plate anteriorly backward through buccal plate posteriorly
- B. Upper border downward and forward
- C. Upper border downward and backward*
- D. None of the above

4. Following are the example of rigid fixation:

- A. Lateral frontal suspension
- B. Extraskeletal pin fixation
- C. Bone plating*
- D. B and C

5. with early uncomplicated treatment in fracture mandible union can on average be achieved after 3 weeks, as an empirical guide a further 1–2 weeks should be added for each and any of the following circumstances except:

- A. Where a tooth is retained in the fracture line.
- B. Patients aged 40 years and over.
- C. Patients who are smokers.
- D. Children and adolescent*

6. Eburnation is seen in:

- A. Malunion
- B. Non union*
- C. Osteomyelitis
- D. Osteoradionecrosis

7. A patient with unfavourable fracture of the angle of mandible is best treated by:

- A. Closed reduction with intermaxillary fixation
- B. Closed reduction with cap splints
- C. Open reduction with interosseous wiring
- D. Open reduction with rigid bone fixation*



8. The fracture of the tooth bearing segment of the mandible is:

- A. Simple
- B. Complex
- C. Compound*
- D. Comminuted

9. A 7-year-old boy presented with fracture of left subcondylar region with occlusion undisturbed, the treatment would be:

- A. Immobilization for 7 days
- B. Immobilization for 14 days with intermittent active opening
- C. No immobilization with restricted mouth opening for 10 days
- D. No immobilization and active movement*

10. In open reduction the fracture site is surgically exposed and the fracture is reduced under direct vision

- A. False
- B. True*

11. On palpation there is step at bilateral infraorbital margins and mobility of midface is detectable at nasal bridge possible diagnosis would be fracture:

- A. Le Fort I
- B. Le Fort II*
- C. Le Fort III
- D. All of above

12. Le fort I fracture is a

- A. Transvers fracture of the maxilla*
- B. Pyramidal fracture of the maxilla
- C. Craniofacial dysjunction
- D. Fracture of zygomatic arch

13. A common complication of nasal fractures that must be urgently treated is:

- A. Loss of sense of smell
- B. Septal hematoma*
- C. Periorbital edema
- D. Subcutaneous edema

14. A patient present with lateral subconjunctival hemorrhage. Infraorbital step and diplopia on right side with inability to open mouth, he can be having:

- A. Fracture subcondylar right side
- B. Fracture Le Fort II right side
- C. Fracture zygoma right side*
- D. Fracture of floor of orbit.



15. Paresthesia is seen with which of the following types of fractures?

- A. Subcondylar
- B. Zygomatico maxillary*
- C. Coronoid process
- D. Symphyseal

16. Walsham's forceps are used to:

- A. Remove teeth
- B. Reduce septal bone fractures
- C. Reduce a maxillary bone fractures
- D. Reduce nasal bone fractures*

17. Submentovertex view is helpful for evaluation of:

- A. The zygomatic arch and zygomatic projections.*
- B. The mandibular fracture
- C. The fracture of orbit
- D. Nasal bone fracture

18. The temporal approach (Gillies approach) is used to gain access to the following bone:

- A. Maxillary bone
- B. Temporal bone
- C. Nasal bone
- D. Zygomatic bone*

19. Diplopia is most common with:

- A. Mandibular fracture
- B. Craniofacial dysjunction
- C. Nasal fractures
- D. Zygomaticomaxillary complex fracture*

20. Cribriform plate fractures are commonly associated with the LeFort III fractures.

- A. False
- B. True*

21. With respect to splinting in dentoalveolar injuries, the longest period of splinting is required in:

- A. Extrusive laxation
- B. Alveolar fracture
- C. Root fracture*
- D. Intrusive laxation

22. Contusion usually result from:

- A. Cut injury
- B. Crush injury
- C. Blunt trauma*



D. Penetrating injury

23. The most important factor in ensuring the long-term retention of a replanted avulsed tooth is:

- A. Which tooth was affected.
- B. The creation of a blood clot in the alveolar pocket.
- C. The amount of time that elapses between avulsion and replantation.*
- D. Whether any portion of the periodontal ligament remains attached to the tooth.

24. Radiographic evaluation should provide the following information about dentoalveolar except:

- A. Presence of root fractures
- B. Size of the capillaries*
- C. Extent of root development
- D. Degree of extrusion or intrusion

25. Debridement of the wound refers to:

- A. The removal of contused and devitalized tissue from a wound*
- B. to remove debris by copious irrigation with normal saline
- C. ligation or cauterization
- D. None of the above

26. Pathognomonic sign of fracture mandible is:

- A. Deranged occlusion
- B. Tenderness and swelling at site
- C. Sublingual haematoma*
- D. Inability to open mouth

27. Green stick fracture is most common with:

- A. Older people
- B. Adult
- C. Children*
- D. Soldiers

28. There is absolute indication for extraction of the tooth which is present in fracture line when there is:

- A. Longitudinal fracture of tooth involving the root
- B. Infected fracture line
- C. Dislocation of tooth from its socket
- D. All of the above*

29. A 7-year-old boy presented with fracture of left subcondylar region with occlusion undisturbed, the treatment would be:

- A. Immobilization for 7 days
- B. Immobilization for 14 days with intermittent active opening



- C. No immobilization with restricted mouth opening for 10 days
- D. No immobilization and active movement*

30. Unilateral fracture condyle, which one of the following statements is false:

- A. Hemorrhage from ear from effected side
- B. Locked jaw
- C. Battles sign
- D. Deviation of mandible to unaffected side*

31. Lower lip paresthesia occurs in:

- A. Body fracture*
- B. Symphysis fracture
- C. Coronoid fracture
- D. Condyle fracture

32. Primary healing of mandibular fracture is seen following fixation with?

- A. Gunning Splints
- B. Compression plates*
- C. Transosseous wires
- D. Clampy plates

33. A horizontally unfavourable fracture of angle of mandible runs from:

- A. Lingual plate anteriorly backward through buccal plate posteriorly
- B. Upper border downward and forward
- C. Upper border downward and backward*
- D. None of the above

34. Most common complication of condylar injuries in children:

- A. Pain
- B. Ankylosis*
- C. Osteoarthritis
- D. Fracture of glenoid fossa

35. Compound fracture is a type of fracture that extend into external environment through skin, mucosa, or periodontal membrane

- A. False
- B. True*

36. Guerin sign is presence of:

- A. Ecchymosis at mastoid area
- B. Ecchymosis at greater palatine foramen area*
- C. Ecchymosis in zygomatic buttress
- D. Ecchymosis in sublingual area

37. Diplopia would result if fracture line around zygomatico-frontal suture passes:



- A. Below the whitnall's tubercle
- B. above the whitnall's tubercle*
- C. Through zygomatico-frontal suture
- D. Tearing the periosteum of orbital surface of zygomatic bone.

38. In lefort I fracture, the infraorbital rim is:

- A. Bilaterally involved
- B. Medially involved
- C. Not involved*
- D. None of the above

39. A 35 year old man with Le fort III fracture complains of blood tinged watery discharge from his nose 2 days after the trauma. CT scan confirms the fracture. What investigation is most confirmatory for detecting CSF leak?

- A. CT scan
- B. MRI scan
- C. Presence of glucose in the fluid
- D. presence of Transferrin Beta*

40. Which facial view Xray is the best for examining the orbits and midface?

- A. OPG
- B. Waters or occipitomental*
- C. Caldwell or PA view
- D. Submental vertex

41. The 'hanging drop appearance' in the maxillary sinus radiograph indicates:

- A. A nasal polyp
- B. A blowout fracture of the orbit*
- C. A radiograph artefact
- D. An antrolith

42. The temporal approach (Gillies approach) is used to gain access to the following bone:

- A. Maxillary bone
- B. Temporal bone
- C. Nasal bone
- D. Zygomatic bone*

43. Forceps used for maxillary fracture disimpaction:

- A. Rowe's*
- B. Bristows
- C. Ashs
- D. Walshams

44. Le fort III fracture is the same as:

- A. Craniofacial dysjunction*



- B. Guerrin's fracture
- C. Pyramidal fracture
- D. None of the above

45. Enophthalmos defined as the posterior displacement of the globe that is often due to increase in orbital volume secondary to interruption of the skeletal integrity of the bony orbit

- A. False
- B. True*

46. In injuries to the hard dental tissue, all these following are true except:

- A. Crown infraction is incomplete fracture or crack of enamel.
- B. Root fracture; involving dentin, cementum and pulp.
- C. Complicated crown fracture; involves enamel, dentin and cementum.*
- D. Root fractures in primary teeth without mobility can be preserved and should exfoliate normally.

47. Extrusive luxation is

- A. Increased mobility of the tooth without displacement.
- B. Displacement of the tooth axially into the alveolar bone.
- C. The complete displacement of the tooth from the alveolar socket.
- D. Partial displacement of a tooth from its socket in an axial direction coronally*

48. _____ is the least desirable storage medium for avulsion tooth, which can cause cell lysis.

- A. Hank's balanced salt solution (HBSS).
- B. Water.*
- C. Milk.
- D. Saliva

49. Best prognosis is for:

- A. Fracture of apical third of root*
- B. Fracture in middle third of root
- C. Fracture in the coronal third of root
- D. Prognosis is unrelated to the location of fracture

50. _____, It is a superficial wound that usually denudes the epithelium.

- A. Abrasion.*
- B. Contusion.
- C. Laceration.
- D. None of the above.

51. The most frequent causes of facial fractures all over the world is:

- A. Road traffic accident (RTA). *
- B. Fall from height.
- C. Sport related injury.



- D. Assaults and interpersonal violence.
- E. Gunshot or missile injuries

52. A patient with maxillofacial injuries should be carried in:

- A. Supine position
- B. Semi-Supine position
- C. Lateral position*
- D. Prone position
- E. Sitting position

53. Battle's sign is associated with:

- A. Fracture zygoma
- B. Fracture maxilla
- C. Fracture of condyle *
- D. Fracture nasoethmoid

54. Which is the immediate danger to a patient with severe facial injuries?

- A. Bleeding
- B. Associated fracture spine
- C. Infection
- D. Respiratory Obstruction*
- E. Neurological disability

55. Patient with head trauma, during examination you found: eye opening: to pain, motor response: flexion to pain, and verbal response: inappropriate, the Glasgow coma scale for him is:

- A. 11.
- B. 10.
- C. 8.
- D. 13.
- E. 9*

56. Which of the following is not included in the Glasgow coma scale?

- A. Eye opening
- B. Motor response
- C. Verbal response
- D. Pupil size*
- E. None of the above

57. All are true regarding fracture of mandible EXCEPT:

- A. Fractures of the mandible are common at the angle of the mandible
- B. Fractures of the mandible are affected by the muscle pull
- C. Fractures of the mandible are usually characterized by sublingual hematoma
- D. CSF rhinorrhea is a common finding*
- E. None of the above



58. The mini- bone plate system is a :

- A. Compressive bone plate.
- B. Monocortical system.*
- C. Bicortical system.
- D. External fixation.
- E. None of the above.

59. The term vertical in vertical ‘favorable fractures’ fractures connote:

- A. The fracture line running in vertical direction
- B. The displacement of fracture is in vertical plane
- C. The direction of view of the observer is in vertical direction*
- D. Fracture can be reduced vertically
- E. None of the above

60. Cribriform plate fractures are commonly associated with:

- A. LeFort I fractures
- B. LeFort II fractures
- C. LeFort III fractures*
- D. Mandible fractures
- E. None of the above

61. Cleansing of the wound referred:

- A. To remove debris by copious irrigation with normal saline*
- B. To the removal of contused and devitalized tissue from a wound
- C. Ligation or cauterization
- D. Proper positioning of all tissue layers from inside out
- E. All of the above

62. A tripod fracture involves what?

- a) it is another word for le fort fracture
- b) zygomaticotemporal and zygomatico frontal suture diastasis and inferiororbital rim fracture*
- c) fracture through maxilla, zygomatic arch and nasal bones
- d) fracture through neck angle and body of the mandible
- e) superior and inferior orbital rim fracture and diastasis of zygomaticofrontal suture

63. What is the name of the fracture that is clinically detected by tugging on the maxilla/hard palate causing the nose to move.

- a) le fort 5
- b) le fort 4
- c) le fort 3
- d) le fort 2*
- e) le fort 1

64. A fracture of eye by a ping pong ball is:

- A. Blow out fracture*



- B. Orbital fracture
 - C. Blow in fracture
 - D. Compound fracture
65. The first step in management of head injury is:
- A. Secure airway*
 - B. i.v. mannitol
 - C. i.v. dexamethasone
 - D. Blood transfusion
66. Compression osteosynthesis heals fracture mandible by:
- A. Primary union without callus formation*
 - B. Secondary union without callus formation
 - C. Compression union
 - D. All of the above
67. The treatment for a mandibular fracture between the incisors is:
- A. Risdon wiring*
 - B. Essig wiring
 - C. Cap splint with circum-mandibular wiring
 - D. Transosseous wiring
68. Primary healing of mandibular fracture is seen following fixation with ?
- A. Gunning Splints
 - B. Compression plates*
 - C. Transosseous wires
 - D. Clammy plates
69. Bucket handle type of fractures are seen in:
- A. Children
 - B. Soldiers
 - C. Edentulous persons*
 - D. Young adults
70. A fracture of the mandible in the canine region in a 6 year old child should be managed by:
- A. Cap splint fixation*
 - B. Intermaxillary fixation
 - C. Risdon wiring
 - D. Transosseous wiring
71. In cases of subcondylar fracture, the condyle moves in :
- A. anterior lateral direction
 - B. posterior medial direction
 - C. posterior lateral direction



D. anterior medial direction*

72. A fracture mandible should be immobilized for an average of:

- A. 3 weeks
- B. 6 weeks*
- C. 9 weeks
- D. 12 weeks

TMJ

1. A patient complains of pain in TMJ area on mastication, his muscle of mastication is tender and an audible click is there, these features are characteristic of:

- A. Myofascial pain and dysfunction (MPD)*
- B. Traumatic subluxation
- C. Rheumatoid arthritis
- D. Rhematic arthritis
- E. Ankylosis

2. A patient who reports with dislocation of TMJ should be managed:

- A. Manually without local anesthesia
- B. Manually with local anesthesia *
- C. Under general anesthesia only
- D. Surgically under general anesthesia
- E. None of the above

3. Most common cause of TMJ ankylosis is:

- A. Tumour
- B. Osteoarthritis
- C. Infection
- D. Trauma*
- E. None of the above

4. Interposition of temporal muscle and fascia in treatment of TMJ ankylosis is advocated:

- A. To prevent reankylosis*
- B. To prevent erosion of glenoid fossa due to movement of ramal end
- C. To provide soft pad for easy movement of ramus end
- D. More esthetic
- E. None of the above

5. Early movement for surgery following ankylosis is:

- A. Unimportant
- B. Indicated only when ankylosis is one sided
- C. Desirable*
- D. Harmful
- E. No need



6. The most effective diagnostic imaging technique to evaluate TMJ disc position and morphology is

- A. Panoramic radiography
- B. Computed tomography
- C. Magnetic resonance imaging*
- D. TMJ arthrography
- E. Nuclear imaging

7. Dislocation is treated by forcing the mandible:

- A. Upwards and backwards
- B. Upwards and forwards
- C. Downwards and forwards
- D. Downwards and backwards*
- E. Backwards only

8. Few episodes of pain and reducible disc displacement, classified according Wilkes's classification as:

- A. Stage I (Early Stage)
- B. Stage II (Early/Intermediate Stage) *
- C. Stage III (Intermediate Stage)
- D. Stage IV (Late Stage)
- E. Stage V (Late Stage)

9. Eminectomy is done for treatment of:

- A. TMJ ankylosis
- B. TMJ dislocation*
- C. Coronoid fracture
- D. All of the above
- E. None of the above

10. The Alkayat and Bramley approach to the TMJ is a modification of the:

- A. Hemicoronal approach
- B. Retroauricular approach
- C. Intraorally approach
- D. Risdon's approach
- E. Preauricular approach*

11. The treatment of unilateral TMJ ankylosis in an 8-years old child would be:

- A. Simple gap arthroplasty
- B. Condylectomy
- C. Gap arthroplasty with costochondral grafting*
- D. High condylotomy with costochondral grafting
- E. Alloplastic Total joint replacement

12. Most common cause of clicking:

- A. Hypermobility



- B. Ankylosis
- C. Loose articular bodies
- D. Disc displacement without reduction
- E. Disc displacement with reduction*

13. The most frequent direction in which the articular disc gets displaced is:

- A. Posterior and medial direction
- B. Anterior and medial direction*
- C. Posterior and lateral direction
- D. Lateral
- E. Posterior

14. Nerve that may be injured in submandibular incision:

- A. Marginal mandibular branch of the facial nerve*
- B. Hypoglossal nerve
- C. Mylohyoid nerve
- D. Lingual nerve
- E. Hypoglossal nerve

15. Chronic pain and none reducible disc displacement, classified according Wilkes's classification as:

- A. Stage I (Early Stage)
- B. Stage II (Early/Intermediate Stage)
- C. Stage III (Intermediate Stage)
- D. Stage IV (Late Stage) *
- E. Stage V (Late Stage)

16. All of the following may be used in treatment chronic recurrent dislocation except:

- A. Injection botulinum toxin in lateral pterygoid muscle
- B. Injection of sclerosis agent in TMJ capsule
- C. Eminectomy
- D. Arthrocentesis *
- E. None of the above

17. The treatment of unilateral TMJ ankylosis in a 8-years old child would be:

- A. Simple gap arthroplasty
- B. Condylectomy
- C. Gap arthroplasty with costochondral grafting*
- D. High condylotomy with costochondral grafting
- E. Alloplastic Total joint replacement

18. Most common cause of clicking:

- a. Hypermobility
- b. Loose articular bodies
- c. Disc displacement without reduction



- d. Disc displacement with reduction*
19. The joint which histologically and morphologically best simulate the TMJ is:
- 3rd metatarsal graft
 - 5th costochondral graft
 - Sternoclavicular graft *
 - None of above
20. Which of the following is not done in treatment of ankylosis?
- High condylar shave*
 - Ipsilateral coronoidectomy
 - Contralateral coronoidectomy
 - Repositioning of temporal fascia
21. Obstructive sleep apnoea caused by the following:
- Dentigerous cyst
 - Bilateral TMJ ankylosis*
 - Orbital fracture
 - mandibular ameloblastoma
22. Dautry procedure is used for:
- None of the above
 - Correction of ankylosis
 - Correction of prognathism
 - Correction of recurrent dislocation of mandible*
23. Initial clicking of TMJ while opening is due to:
- Lateral displacement of the condyle
 - Retruded condyle in respect to articular disc*
 - Protruded condyle inn respect to articular disc
 - perforated disc
24. Hydrocortisone acetate is injected in a painful arthritic TMJ to:
- decrease the inflammatory response*
 - lubricate the synovial joint
 - anesthetize the nerve supply
 - increase the blood supply
25. When a patient's chin and mandible deviate to the right upon opening, which of the following is a possible cause?
- Ankylosis of the left condyle
 - Hypoplasia of the right condyle*
 - Fracture of the left condyle
 - Hyperplasia of the right condyle



26. The joint cavity can be examined in detail without much surgical exposure by:

- A. Sialography
- B. Arthroscopy*
- C. Biopsy
- D. Endoscopy

27. The most common dislocation of TMJ is:

- A. Anterior*
- B. Medial
- C. Posterior
- D. Lateral

28. Repeated dislocation of the condyle can be treated by intentional fracture of the zygomatic arch and reunion. This procedure is called as:

- A. Stobie's method
- B. Denkel's method
- C. Dautrey procedure*
- D. Weber's procedure

Salivary gland

1. Warthin's tumor is:

- A. Malignant parotid tumour
- B. Benign submandibular tumour
- C. Benign parotid tumour*
- D. Malignant sublingual tumour
- E. None of above

2. Excision of the submandibular gland for calculus or tumours is done by incision below angle of the jaw. Special care should be taken to avoid which nerve?

- A. Ansa cervicalis
- B. Mandibular branch of facial nerve*
- C. Posterior auricular nerve
- D. Submandibular ganglion
- E. Inferior alveolar nerve

3. All of the following is the manifestation of primary Sjogren's syndrome except:

- A. Xerostomia
- B. Arthritis*
- C. Xerophthalmia
- D. Burning sensation and ulceration on the oral mucosa
- E. None of the above

4. Regarding acute sialadenitis, which statement is false:

- A. Sudden onset of pain at the angle of the mandible.
- B. Mumps is the most common viral infection affecting the parotid salivary glands



- C. Sialography is the first choice for Investigations*
- D. Surgical drainage maybe needed in bacterial infection
- E. All of the above

5. Treatment of mucocele on lower lip:

- A. Incision
- B. Excision
- C. Excision with adjacent glands*
- D. Biopsy
- E. Radiotherapy

6. ----- is the most common disease affecting the parotid salivary glands

- A. Bacterial infection
- B. Mumps*
- C. Sialorrhea
- D. Warthin's tumor
- E. Sjogren's syndrome

7. Most common tumor of parotid gland is -----.

- A. Warthin's tumor
- B. Adenoid cystic carcinoma
- C. Cylindroma
- D. Epidermoid carcinoma
- E. Plemorphic adenoma*

8. Regarding Necrotizing sialometaplasia, which statement was false:

- A. It is an inflammatory lesion
- B. It occurs as a large ulcer or ulcerated nodule
- C. It is treated by Irrigation with hydrogen peroxide or saline and application of gentian violet
- D. It affects the major S.Gs especially parotid *
- E. All of the above

9. The plunging ranula is so called because of:

- A. Its size
- B. Lifting of tongue
- C. Extension through mylohyoid*
- D. Involvement of lingual nerve
- E. None of the above

10. Regarding Mucoepideromoid carcinoma:

- A. It is bengin tumour
- B. It occurs in males more than females
- C. It is usually as a painless swelling in high-grade tumour
- D. It occurs in the major salivary gland only
- E. In sialography, the cavitation may appear where necrosis has occurred*



11. Salivary calculus is more common in:

- A. Submandibular duct*
- B. Sublingual gland
- C. Parotid gland
- D. Parotid duct
- E. Minor salivary gland

12. During removal of a parotid tumour, the auriculotemporal nerve is injured. This could result in:

- A. Facial paralysis
- B. Trigeminal neuralgia
- C. Orolingual Paresthesia
- D. Gustatory sweating*
- E. Toothache

13. Mucoepidermoid tumour is:

- A. Malignant*
- B. Benign
- C. Squamous cell tumour of salivary gland
- D. Same as adenocarcinoma
- E. Infection

14. Following gland is removed in surgery for a ranula:

- A. Submandibular gland
- B. Lacrimal gland
- C. Parotid gland
- D. Sublingual gland*
- E. Minor salivary gland

15. The parotid gland is divided into superficial and deep portions by:

- A. Cartilagenous portion of external auditory canal
- B. Pterygoid muscle
- C. Mandible
- D. Internal maxillary artery
- E. Facial nerve branches*

16. Regarding Adenoid cystic carcinoma, which one is false:

- A. It arises as a slow or rapid growing swelling
- B. It has a greater potential for local destruction
- C. It is a fix mass with anaesthesia of the overlying skin and muscle paralysis
- D. In Sialography: cavitation resulting from necrosis and hyperplastic glandular tissue
- E. Irradiation is the treatment of choice *

17. Ranula, which one is false:



- a. It is a special type of mucocele, and considered as a mucocele of the sublingual salivary gland
 - b. have bluish translucency
 - c. Treated by Marsupialization only*
 - d. have bluish translucency
18. About 80- 90% of the sialoliths form in the parotid gland
- a. false*
 - b. true
19. During surgical excision of the parotid gland, the following structures may be damaged:
- A. lesser occipital nerve, hypoglossal nerve, chorda tympani
 - B. Facial nerve and auriculotemporal nerve*
 - C. Submandibular duct
 - D. Cervical fascia
20. Salivary calculus is more common in:
- A. Submandibular gland*
 - B. Sublingual gland
 - C. Parotid gland
 - D. Minor salivary gland
21. Submandibular duct is exposed via intraoral approach by incising the:
- A. Buccinator
 - B. Mucous membrane*
 - C. Masseter
 - D. All of the above
22. During surgery on the submandibular gland:
- A. Damage to the lingual nerve will cause loss of sensation to the posterior third of the tongue
 - B. The submandibular gland is seen to wrap around the posterior border of the mylohyoid*
 - C. The facial artery and vein are usually divided as they course through the deep part of the gland.
 - D. The hypoglossal nerve is seen to loop under the submandibular duct
23. Treatment of calculus within the submandibular salivary gland is:
- A. Removal of sinus
 - B. Removal of the gland*
 - C. Dichotomy
 - D. Milking of the stone

LASER

1. What does the acronym LASER stand for?
 - A. Light Absorption by Stimulated Emission of Radiation
 - B. Light Amplification by Stimulated Emission of Radiation*
 - C. Light Alteration by Stimulated Emission of Radiation
 - D. All of the above



- E. None of the above
2. One of the following is incorrect concerning advantages of using cryosurgery?
- A. Minimal blood loss
 - B. Minimum postoperative pain
 - C. Maintain bone structure
 - D. Significant postoperative edema*
 - E. Excellent for hemangiomas
3. Regarding Nd: YAG laser, which statement is false:
- A. It is highly absorbed by the pigmented tissue
 - B. Effective laser for cutting and coagulating soft tissues
 - C. It is Low-energy laser*
 - D. Using for excision of hypertrophic tissue
 - E. None of the above
4. Which type of laser used for cutting of enamel, dentine & bone?
- A. Dual diode (pulsed or cont.)
 - B. Helium-neon (cont.)
 - C. Argon (continuous)
 - D. Er: YAG (pulsed)*
 - E. Excimer (pulsed)
5. Which of the following important property of laser?
- A. Coherent*
 - B. Polychromic
 - C. Divergent
 - D. Spontaneous emission
 - E. None of the above
6. One of the following with respect of characteristic of using laser is incorrect:
- A. It produces minimum scarring after excision
 - B. It prolongs healing time*
 - C. It does not potentiate malignant change
 - D. It can be used for bacterial decontamination
 - E. It reduces bleeding during surgical operation
7. Uses of cryosurgery are:
- A. Ablation of surface lesions
 - B. treatment of trigeminal neuralgia
 - C. Treatment of hemangiomas
 - D. Treatment of bone cavity after curettage of odontogenic keratocyst
 - E. All of the above*

Oral cancer





1. In histopathologic grading of SCC, tumor that are enlarge rapidly and metastasizes early in its course is generally:
 - A. Well differentiated
 - B. Moderately differentiated
 - C. Poorly differentiated*
 - D. None differentiated
 - E. None of the above

2. Which one of the following surgical approaches is used for tumor resection in maxilla:
 - A. Peroral or Transoral approach
 - B. lower lip-splitting
 - C. Visor Flap
 - D. Lower cheek flap
 - E. Upper cheek flap (Weber-Ferguson incision)*

3. when one or more lymph node groups are preserved during lymphadenectomy that are routinely removed with radical neck dissection, the neck dissection will be known as:
 - A. Elective neck dissection
 - B. Extended neck dissection
 - C. Selective neck dissection*
 - D. Modified neck dissection
 - E. Radical neck dissection

4. Deficiency of which vitamin can induce metaplasia and keratinisation of certain epithelial structures leading to oral leucoplakias:
 - A. Vit A*
 - B. Vit C
 - C. Vit D
 - D. Vit K
 - E. Vit B

5. What is the recommended duration for observing clinically suspicious lesions of the oral cavity before requiring a tissue diagnosis?
 - A) 1 week
 - B) 2 weeks*
 - C) 3 weeks
 - D) 4 weeks
 - E) 1 month

6. Which histological feature distinguishes well-differentiated squamous cell carcinoma from poorly differentiated squamous cell carcinoma?
 - A) Presence of perineural invasion
 - B) Degree of resemblance to normal squamous epithelium*
 - C) Depth of invasion
 - D) Lymph node metastasis





E) Tumor size

7. What is the primary indication for a PET-CT scan in the evaluation of oral cavity cancer?

- A) To assess dental restorations
- B) Detection of bone involvement
- C) To detect unknown primary prior to biopsy*
- D) Post-radiotherapy evaluation of the neck
- E) Assessment of lymph node basin involvement

8. What does lymphovascular invasion (LVI) indicate in terms of prognosis for oral squamous cell carcinoma?

- A) Better disease-specific survival
- B) Decreased risk of nodal spread
- C) Poorer prognostic outcome*
- D) Superficial tumor infiltration
- E) Conflicting evidence regarding its importance

9. Which lymph node group is commonly affected by oral squamous cell carcinoma (OSCC) and is located around the upper third of the internal jugular vein?

- A) Level II*
- B) Level III
- C) Level IV
- D) Level V
- E) Level VI

10. What is the purpose of sentinel lymph node biopsy (SLNB) in oral cavity primaries?

- A) To detect primary tumors
- B) To assess distant metastasis
- C) To identify the first echelon node*
- D) To examine lymph node architecture
- E) To measure tumor depth

11. What is the cornerstone of most treatment regimens for oral cavity cancer?

- A) Chemotherapy
- B) Radiation therapy
- C) Immunotherapy
- D) Surgery*
- E) Targeted therapy

12. What is the recommended margin distance beyond the tumor edge during surgical excision of oral cavity cancer?

- A) 0.5 cm
- B) 1.0 cm
- C) 1.5 cm*
- D) 2.0 cm



E) 2.5 cm

13. What is the primary role of intensity-modulated radiotherapy (IMRT) in head and neck cancer treatment?

- A) To minimize treatment duration
- B) To maximize chemotherapy effectiveness
- C) To deliver radiation more localized to suspect sites*
- D) To reduce the need for surgical intervention
- E) To enhance tumor metastasis

14. What type of chemotherapy is given to patients with incurable disease to temporarily reduce tumor volume and improve quality of life?

- A) Adjuvant chemotherapy
- B) Neoadjuvant chemotherapy
- C) Palliative chemotherapy*
- D) Induction chemotherapy
- E) Consolidation chemotherapy

15. Which subsite of the oral cavity is considered a high-risk area for squamous cell carcinoma (SCC) due to a rich lymphatic network and low resistance to tumor ingress and metastasis?

- A) Hard palate
- B) Gingiva
- C) Buccal mucosa
- D) Oral tongue*
- E) Soft palate

16. The relative indications for postoperative irradiation are :

- A. Involved (positive) margins at the primary tumor resection site.
- B. Include close (less than 5 mm) margins
- C. The presence of lymphovascular space invasion*
- D. Two or more involved cervical lymph nodes

17. the most common malignancy of oral cavity is :

- A. Melanoma
- B. Basal cell carcinoma
- C. Squamous cell carcinoma*
- D. Lymphoma

18. Absolute indications for postoperative irradiation are:

- A. Involved (positive) margins at the primary tumor resection site.*
- B. Include close (less than 5 mm) margins
- C. The presence of lymphovascular space invasion
- D. Perineural invasion
- E. Two or more involved cervical lymph nodes



19. ----- involves the en bloc removal of all ipsilateral lymph nodes from levels I through V, along with the spinal accessory nerve (SAN), internal jugular vein (IJV), and sternocleidomastoid muscle (SCM).

- A. Extended Neck Dissection
- B. Selective Neck Dissection (SND)
- C. Modified Radical Neck Dissection (MRND)
- D. Radical Neck Dissection (RND)*
- E. None of the above

20. What are the important parameters to be recorded at the primary site during clinical examination of oral squamous cell carcinoma?

- A) Taste and smell alterations
- B) Size, color, and texture of the lesion
- C) Site, size, extension, and involvement of adjacent structures*
- D) Patient's age and gender
- E) Dental history and oral hygiene

21. Which of the following invasive characteristics is associated with a worse prognosis in oral squamous cell carcinoma?

- A) Exophytic growth
- B) Superficial invasion
- C) Endophytic growth*
- D) Predominantly exophytic tumors
- E) Multiple tumor satellites

22. Which lymph node level is defined as containing nodes within the boundaries of the submandibular triangle?

- A) Level I*
- B) Level II
- C) Level III
- D) Level IV
- E) Level V

23. What is the absorbed dosage unit of radiation energy reported as?

- A) Rad
- B) Radium
- C) Gray (Gy)*
- D) Curie (Ci)
- E) Millisievert (mSv)

24. What does accelerated fractionation refer to in radiotherapy treatment?

- A) Reducing the overall treatment time*
- B) Increasing the total radiation dose
- C) Using radioactive cobalt sources
- D) Administering radiation in large, infrequent doses



E) Targeting metastatic lymph nodes

25. When is neoadjuvant chemotherapy typically used in oral cancer treatment?

- A) After surgery
- B) Alongside radiation therapy
- C) Before definitive treatment of the primary cancer site*
- D) As palliative therapy
- E) In cases of recurrent disease

26. Why is surgical resection with frozen-section analysis advocated for most stage I and stage II cancers of the oral cavity?

- A) To assess lymph node involvement
- B) To detect distant metastasis
- C) To evaluate response to chemotherapy
- D) To achieve clear histologic margins*
- E) To analyze tumor genetics

27. Which type of chemotherapeutic agents block the development of certain metabolites critical for cell metabolism?

- A) Alkylating agents
- B) Antimetabolites*
- C) Antibiotics
- D) Topoisomerase inhibitors
- E) Interferons

28. What structures are preserved in a type II modified radical neck dissection?

- A) Spinal accessory nerve
- B) Internal jugular vein
- C) Sternocleidomastoid muscle
- D) A and B*
- E) A and C

29. In oral cancer, which one is false:

- a. Squamous cell carcinoma (SCC) is the predominant form of oral cancer and accounts for greater than 90% of malignant pathology.
- b. Oral cancer is predominantly a disease of young adult.*
- c. Oral cancer is predominantly male disease.
- d. Studies revealed that the proportion of smokers among patients with oral carcinoma is 2-3 times greater than the general population.

30. in radical neck dissection all these structure are removed except:

- a. spinal accessory nerve
- b. sternocleidomastoid muscle
- c. internal jugular vein
- d. internal carotid artery*



31. oral and oropharyngeal SSC is mostly associated with which virus?

- a. human herpes virus
- b. human papilloma virus*
- c. SARS cov 2 virus
- d. cytomegalovirus

32. tumor that grows at slightly slower and metastasizes later in its course is generally:

- a. well differentiated *
- b. moderately differentiated
- c. poorly differentiated
- d. none of the above

33. In radiographic assessment in oral cancer, all the following are true except one:

- a. Pretreatment imaging is important to evaluate the tumor size and extent.
- b. Computed Tomography (CT) is the most common imaging modality used.
- c. In magnetic Resonance Imaging, Advantages are superior hard tissue details.*
- d. In ultrasound, Advantages are :quick, inexpensive, non-invasive, lymph nodes can be sampled under ultrasound guidance.

34. Stage III category of SCC the TNM system is:

- A. T4N0M0
- B. T2N1M0*
- C. T3N0M1
- D. T4N1M0

35. In histopathologic grading of SCC, tumor that enlarges rapidly and metastasizes early in its course is generally:

- A. Well differentiated
- B. Moderately differentiated
- C. Poorly differentiated*
- D. None differentiated
- E. None of the above

36. Advantage of magnetic resonance imaging MRI versus computed tomography CT included of all the following except:

- A. It requires no ionizing radiation for imaging acquisition
- B. It permits a direct visualization of soft tissue
- C. excellent bone detail*
- D. very accurate in detecting small tumor
- E. None of the above

37. Which type of cell death occurs when a cell enters a programmed cell death mode as a result of damage?

- A) Reproductive cell death



- B) Apoptosis*
- C) Necrosis
- D) Mutation
- E) Proliferation

38. Which chemotherapeutic agents form cross-links in DNA and arrest cell division?

- A) Methotrexate and 5-fluorouracil
- B) Cisplatin and carboplatin*
- C) Paclitaxel and docetaxel
- D) Vincristine and vinblastine
- E) Bleomycin and doxorubicin

39. What type of chemotherapy is given to patients with incurable disease to temporarily reduce tumor volume and improve quality of life?

- A) Adjuvant chemotherapy
- B) Neoadjuvant chemotherapy
- C) Palliative chemotherapy*
- D) Induction chemotherapy
- E) Consolidation chemotherapy

40. What is the primary indication for chemotherapy in oral cancer according to the provided text?

- A) To enhance surgical outcomes
- B) To replace radiotherapy
- C) In neoadjuvant settings
- D) In metastatic and recurrent disease*
- E) As a preventive measure

41. What is the primary, definitive management for SCC of the tongue with curative intent?

- A) Chemotherapy alone
- B) Radiation therapy alone
- C) Surgery alone or with adjuvant radiation or chemo-RT*
- D) Palliative care
- E) Immunotherapy

42. Which reconstructive method is most ideally used for large partial glossectomies or total glossectomies?

- A) Primary closure
- B) Skin grafts
- C) Biologic dressings
- D) Locoregional flaps or free tissue transfers*
- E) Mandibulotomy

43. What is the recommended management for early-stage SCC of the tongue with a clinically negative neck (cN0 neck) due to the risk of occult metastasis?



- A) Chemotherapy
- B) Primary radiation therapy
- C) Elective neck dissection (END)*
- D) Palliative care
- E) Immunotherapy

44. SCC present on lateral margin of tongue of staging T2N0, options of treatment is:

- A. SONHD (Supraomohyoid neck dissections)
- B. Remove lymph node I-II along with
- C. Remove lymph node I-V along with
- D. Remove lymph node I-IV along with*

45. In composite excision of tumor according to Gold, Upton and Marx, there is:

- A. Resection of tumor with entire wound
- B. Resection of tumor leaving the marginal bone intact
- C. Resection of tumor with unaffected neighbouring tissue
- D. Resection of tumor with wide margins excision*

Principle of Reconstruction

1. Composite grafts consist of:

- A. Bone only
- B. Skin graft only
- C. Medullary bone only
- D. Bone and soft tissue*
- E. Particulate bone mixed with resine

2. Palatal flap in reconstruction of oral cavity defect is regarding as:

- A. Local random flap
- B. Local axial flap*
- C. Regional random flap
- D. Regional axial flap
- E. Distant flap

3. A flap that taken from different body parts and used as the donor site is:

- A. V-Y advancement flap
- B. Random Pattern Flap
- C. Local flaps
- D. Regional flap
- E. Distant flap*

4. What is osteoinduction in the context of bone generation?

- A) Formation of new bone from living cells within the graft
- B) Physical process where the graft acts as a scaffold for new bone formation
- C) Stimulation of recipient site osteoprogenitor cells using bone growth factors*
- D) Formation of new blood vessels



E) Replacement of existing bone

5. What type of bone graft is composed of tissues from the same individual and can supply living, immunocompatible bone cells essential to phase I osteogenesis?

- A) Allograft
- B) Xenograft
- C) Composite graft
- D) Autograft*
- E) Heterograft

6. What is a primary function of platelet-rich fibrin (PRF) compared to platelet-rich plasma (PRP)?

- A) PRF promotes the release of growth factors for a longer duration.*
- B) PRF requires anticoagulant during preparation.
- C) PRF lacks leukocytes.
- D) PRF forms a liquid solution.
- E) PRF has a shorter shelf life than PRP.

7. What is the highest priority when reconstructing mandibular defects according to the goals of mandibular reconstruction?

- A) Restoration of dental occlusion
- B) Restoration of alveolar bone height
- C) Restoration of osseous bulk
- D) Restoration of continuity and contour*
- E) Restoration of facial hair growth

8. Which reconstructive option is considered useful for small-size defects, especially those resulting from trauma or benign diseases that do not require radiation?

- A) Pedicled flaps
- B) Vascularized free tissue transfer
- C) Non-vascularized autogenous bone graft*
- D) Reconstruction plates
- E) Composite grafts

9. What type of flap is based on a rich blood supply from branches of the maxillary artery, superficial temporal artery, and facial artery, and is suitable for reconstruction of intraoral soft tissue defects?

- A) Palatal flap
- B) Tongue flap
- C) Buccal fat pad flap*
- D) Temporalis muscle flap
- E) Submental flap

10. What is the primary advantage of obturators for maxillary reconstruction?

- A) They allow for direct visualization of residual cavity



- B) They are simple and nonsurgical*
- C) They prevent development of foul odors
- D) They provide a well-vascularized soft tissue bed
- E) They provide support to the facial tissue

11. Allografts are grafts taken from:

- A. Same species and individuals are genetically related
- B. Different species
- C. Same species but individuals are genetically not related*
- D. Same species and between genetically identical individual
- E. Industrial materials

12. The best bone graft which can be utilized for reconstruction of large mandibular defect is:

- A. Costochondral graft
- B. Calvarial graft
- C. Iliac crest graft*
- D. Metatarsal bone graft
- E. Tibia bone graft

13. A patient in whom iliac crest graft has been taken for mandibular reconstruction, should be kept nil orally postoperatively

- A. For 6 hours
- B. Till bowel sounds appear*
- C. For 12 hours
- D. Till patient is ambulatory
- E. For 1 day

14. Regarding Buccal Fat Pad Flap, all statements are true except:

- A. It is axial pattern flap
- B. It is multilobular with each lobe enclosed with thin capsule
- C. Ideally suited for small retromolar and posterior maxillary defects
- D. This technique is associated with high morbidity*
- E. None of the above

15. Which tissue is most commonly used to replace lost osseous tissue in jaw bone reconstruction?

- A) Cartilage
- B) Muscle
- C) Skin
- D) Nerve
- E) Bone*

16. Which phase of bone regeneration involves angiogenesis and fibroblastic proliferation from the graft bed?

- A) Phase I



- B) Phase II*
- C) Phase III
- D) Phase IV
- E) Phase V

17. What is a significant advantage of concentrated growth factor (CGF) over platelet-rich plasma (PRP) and platelet-rich fibrin (PRF)?

- A) CGF does not require centrifugation for preparation.
- B) CGF induces a shorter release of growth factors compared to PRP and PRF.
- C) CGF lacks the presence of growth factors.
- D) CGF induces a sustained release of growth factors for up to 14 days.*
- E) CGF requires anticoagulant during preparation.

18. What is the primary advantage of allogeneic grafts?

- A) Provide osteogenic cells for phase I bone formation
- B) No immunologic response occurs
- C) They do not require another site of operation in the host*
- D) A large quantity of bone can be obtained
- E) Offer a hard tissue matrix for phase II induction

19. According to Brown and Shaw's classification of maxillary defects, which class involves a defect causing an orofacial communication but not involving the orbit?

- A) Class I
- B) Class II*
- C) Class III
- D) Class IV
- E) Class V

20. Which flap is suitable for reconstruction of the maxillary alveolus, tuberosity, and hard palate, among other areas, and is based on the greater palatine artery?

- A) Tongue flap
- B) Buccal fat pad flap
- C) Palatal flap*
- D) Submental flap
- E) Vascularized iliac crest flap

21. White graft are:

- A. Never rejected
- B. Are immunologically biocompatible
- C. Are rejected without evidence of vascularization*
- D. Behave in same manner as autogenous grafts
- E. None of the above

22. Abbe-Estlander flap is used in the reconstruction of:

- A. Buccal mucosa



- B. Lip*
- C. Tongue
- D. Palate
- E. Eyelid

23. What is osteoinduction in the context of bone generation?

- A) Formation of new bone from living cells within the graft
- B) Physical process where the graft acts as a scaffold for new bone formation
- C) Stimulation of recipient site osteoprogenitor cells using bone growth factors*
- D) Formation of new blood vessels
- E) Replacement of existing bone

24. How do composite grafts differ from autogenous bone grafts?

- A) They are taken from another individual
- B) They contain soft tissue and osseous elements*
- C) They are treated to alter their antigenicity
- D) They provide viable cells for phase I osteogenesis
- E) They require rigorous donor screening

25. What possible option of vascularized free grafts used for mandibular reconstruction is supplied by the peroneal artery?

- A) Fibula flap*
- B) Iliac crest flap
- C) Clavicle segment
- D) Rib graft
- E) Scapular graft

26. Why is it important for all bone grafts to be covered on all sides by soft tissue according to the surgical principles?

- A) To prevent graft rejection
- B) To allow for easy visualization of the graft
- C) To avoid contamination of the bone graft*
- D) To increase blood flow to the graft
- E) To promote osteogenesis

27. What is the most common type of skin graft used in dermatology due to its excellent tissue match and minimal scarring?

- A) Composite grafts
- B) Full-thickness skin grafts (FTSG)*
- C) Random pattern flaps
- D) Split-thickness skin grafts (STSG)
- E) Distant flaps

28. How are flaps classified according to blood supply?

- A) Based on their location



B) By the method of transfer

C) By their tissue content

D) Random pattern and axial pattern*

E) Local and regional

29. Which flap has a rich blood supply from branches of the lingual artery and is suitable for reconstruction of the lip, buccal mucosa, and floor of the mouth?

A) Palatal flap

B) Tongue flap*

C) Buccal fat pad flap

D) Facial artery musculomucosal (FAMM) flap

E) Temporalis muscle flap

30. Which imaging modality provides a superior detailed evaluation of soft tissue structures compared to CT scans?

A) Cone beam CT

B) Digital intraoral scanner

C) Magnetic resonance imaging (MRI)*

D) Computed tomography (CT)

E) Digital Imaging and Communications in Medicine (DICOM)

31. What is the format used to store radiographic data for manipulation in additional software for virtual surgical planning?

A) CT scan format

B) MRI format

C) Stereolithography data

D) 3D intraoral scanner data

E) DICOM format*

32. Which imaging modality offers high spatial resolution with less radiation exposure compared to CT scans, but with poorer contrast resolution?

A) Cone beam CT*

B) Digital intraoral scanner

C) Magnetic resonance imaging (MRI)

D) Computed tomography (CT)

E) Stereolithography data

33. Regarding Buccal Fat Pad Flap, all statements are true except:

A. It is axial pattern flap

B. It is multilobular with each lobe enclosed with thin capsule

C. Ideally suited for small retromolar and posterior maxillary defects

D. This technique is associated with high morbidity

Preprosthetic surgery

1. Which of the following is true for a flap required for maxillary tuberosity?



- A. Incision is given over the alveolar crest (envelop flap) *
 - B. A wedge shape incision may be 1st tried
 - C. Three sided flap
 - D. Semilunar flap
 - E. none of the above
2. If tuberosity and retromolar pad contact, what should be done:
- A. Do not extend dentures to retromolar area
 - B. Surgical reduction of tuberosity*
 - C. Denture fabrication not possible
 - D. Has no effect on denture
 - E. All of the above
3. Acrylic splints are desirable during the post-operative phase of management in which of the following procedures?
- A. Mandibular alveoplasty
 - B. Torus palatinus reduction *
 - C. Mental tubercle reduction
 - D. Excision of labial epulis fissuratum
 - E. Frenectomy
4. When Kazanjian technique of vestibuloplasty leaves:
- A. lip surface re-epithelialization.*
 - B. alveolar surface re-epithelialization.
 - C. depth of sulcus perosteum re-epithelialization.
 - D. All of the above
 - E. None of the above.
5. Inflammatory Fibrous Hyperplasia, which statement is false
- A. It is a generalized hyperplastic enlargement of mucosa and fibrous tissue in the alveolar ridge
 - B. Which most often results from ill fitting dentures.
 - C. In early stages excision of the hyperplastic tissue is the treatment of choice*
 - D. Radiotherapy is indicated
 - E. None of the above
6. What is the essential step for preserving alveolar bone during extraction?
- A. Closing the extraction site primarily after graft placement
 - B. Irrigating the site after tooth removal
 - C. Compressing the graft material into the extraction site
 - D. Using synthetic hydroxyapatite crystals as graft material
 - E. Maintaining buccal and lingual cortical walls during extraction*
7. What technique is used to control the tip of the tongue during a lingual frenectomy?
- A. Traction suture*
 - B. Tooth extraction forceps



C. Hemostatic clamp

D. Laser therapy

E. Cold compress

8. What is the primary goal of soft tissue preprosthetic surgery in the mandible?

A. To reduce muscle tension in the jaw

B. To enhance chewing efficiency

C. To improve extension in the area of denture flanges*

D. To increase bone density

E. To prevent tooth decay

9. Which technique involves detaching the mylohyoid muscles from the mylohyoid ridge area to deepen the floor of the mouth area?

A. Lip Switch

B. Submucosal vestibuloplasty

C. Transpositional flap vestibuloplasty

D. Labial extension procedure

E. Trauner procedure*

10. Which soft tissue surgery technique involves developing a supraperiosteal tunnel to dissect muscular and submucosal attachments from the periosteum in the maxilla?

A. Lip Switch

B. Transpositional flap vestibuloplasty

C. Vestibule and floor-of-mouth extension procedures

D. Submucosal vestibuloplasty*

E. Labial extension procedure

11. Cutting the mucosal fold that causes central diastema in dentulous patient is called:

A. Lingual frenotomy.

B. Labial frenotomy.

C. Labial frenectomy.*

D. Lingual frenectomy.

E. Labial vestibuloplasty

12. What is the purpose of placing a hemostat across the lingual frenum attachment during the surgical procedure?

A. To induce anesthesia

B. To prevent tongue movement

C. To minimize blood loss*

D. To disinfect the area

E. To promote healing

13. Maxillary tori, which one is false:

a. Maxillary tori consist of bony exostosis formation in the area of the palate

b. Tori are found in male more than in female*



c. The large tori should be removed before denture construction
d. Perforation of the floor of the nose may occur as a complication in surgical removal of maxillary tori

14. Vestibuloplasty is :

- A. Deepening of vestibule
- B. Most commonly done in maxilla
- C. Most commonly done in mandible
- D. Both A and C *

15. Cutting the mucosal fold that causes central diastema in dentulous patient is called:

- A. Lingual frenotomy.
- B. Labial frenotomy.
- C. Labial frenectomy.*
- D. Lingual frenectomy.
- E. Labial vestibuloplasty

16. Surgical recontouring of alveolar ridges is called as:

- A. Alveolectomy.
- B. Alveoplasty.*
- C. Mucogingivectomy.
- D. Fibrectomy.
- E. Vestibuloplasty

Cleft lip and palate

1. cleft lip\ palate

- A. Females more affected by cleft lip.
- B. The incidence is highest in African-Americans while the lowest incidence is in Asians
- C. Right side more than left side
- D. All of the above is true
- E. None of the above is true*

2. What is the spectrum of cleft palate (CP) characterized by?

- A. Disruption of facial muscles
- B. Presence of submucous tissue only
- C. Complete absence of the primary palate
- D. Disorientation of palatal muscles*
- E. Lack of alveolar ridge

3. What is the recommended timing for cleft palate repair?

- A. 3-6 months
- B. 9-18 months*
- C. 2-3 years
- D. 5-7 years
- E. 10-12 years



4. Which surgical technique for cleft lip repair involves downward rotation of the superiorly displaced medial lip segment with advancement of the lateral lip flap?

- A. Straight line repair
- B. Tennison-Randall triangular flap repair
- C. Millard's rotation-advancement flap repair*
- D. Lip adhesion
- E. Palatoplasty

5. What is a disadvantage of the V-Y pushback technique for cleft palate repair?

- A. Insufficient lengthening of the soft palate
- B. Higher rate of fistula formation*
- C. Limited dissection required
- D. Preservation of palatal neurovascular bundle
- E. Prevention of longitudinal scar contracture

6. What are potential long-term complications of cleft palate repair?

- A. Breakdown of the repair due to tension
- B. Palatal ischemia
- C. Midface growth deficiency*
- D. Immediate postoperative complications
- E. Sleep apnea

7. Which timing of alveolar bone reconstruction is associated with reports of moderate to severe long-term maxillary growth restriction?

- A. Early secondary grafting
- B. Late grafting
- C. Primary grafting*
- D. Secondary (mixed dentition) grafting
- E. Secondary (delayed) grafting

8. Which radiographic examination is increasingly important for assessing alveolar bone defects due to its ability to visualize the cleft defect accurately?

- A. Panoramic (OPG) films
- B. Occlusal films
- C. Periapical films
- D. Cone-beam computed tomography (CBCT)*
- E. Magnetic resonance imaging (MRI)

9. What is the purpose of constructing an interocclusal acrylic wafer in preparation for alveolar bone grafting?

- A. To cause dental misalignment
- B. To prevent the placement of dental implants
- C. To assess nasal airflow
- D. To visualize the cleft defect



- E. To determine the postoperative position of the premaxilla*
10. What is a step involved in the alveolar bone grafting procedure?
- A. Reflecting the nasal mucosa*
 - B. Extracting supernumerary teeth
 - C. Advancing the premaxilla
 - D. Converting the cleft palate into a double flap
 - E Placing a metallic implant
11. The cleft problem occurs between the period of:
- A. 1st and 2nd week of embryo fetal life
 - B. 6th and 10th week of embryo fetal life*
 - C. 3rd week of embryo fetal life
 - D. 13th and 14th week of embryo fetal life
 - E. None of the above
12. What is one of the primary objectives of preoperative orthopedics (PSO) in managing cleft lip and palate (CLP) patients?
- A) Facilitating intra-oral feeding*
 - B) Reducing nasal deformity
 - C) Improving dental health
 - D) Enhancing speech development
 - E) Correcting hearing problems
13. What is a characteristic of bilateral cleft lip (CL)?
- A) Symmetrical nasal tip projection
 - B) Presence of philtral columns bilaterally
 - C) Absence of premaxilla growth
 - D) Distorted Cupid's bow bilaterally*
 - E) Minimal protrusion of the premaxilla
14. What is the recommended timing for cleft lip repair?
- A) At 6 weeks of age
 - B) After the child reaches 5 pounds in weight
 - C) Once the hemoglobin value reaches 8 g/dl
 - D) After 8 weeks of age
 - E) At least 10 weeks old, 10 pounds in weight, and with a minimum hemoglobin value of 10 g/dl*
15. Which surgical technique is rarely used for primary cleft lip repair due to its tendency to result in notching of the lip and vertical scar contracture?
- A) Lip adhesion
 - B) Straight line repair*
 - C) Tennison-Randall triangular flap repair
 - D) Millard's rotation-advancement flap repair



E) Palatoplasty

16. Which surgical technique for cleft palate repair involves creating bipedicled mucoperiosteal flaps on both sides of the cleft and closing the nasal side first?

- A) V-Y pushback technique
- B) Two-flap technique
- C) Furlow technique
- D) von Langenbeck technique*
- E) Z-plasty technique

17. What is a potential immediate postoperative complication of cleft palate repair?

- A) Midface growth deficiency
- B) Velopharyngeal incompetence
- C) Recurrent fistula
- D) Oronasal fistula formation*
- E) Sleep apnea

18. What is a potential complication associated with using tibia bone for grafting?

- A) Risk of cutaneous nerve injury
- B) Risk of dural tear
- C) Risk of growth disturbance in children*
- D) Risk of hematoma and seroma
- E) Risk of root and mental nerve damage

19. CLP is a three dimensional deformity involving soft and hard tissues that changes with growth and function.

- b. The estimated incidence of CLP ranges from 1:500 live births to 1: 2000 live births
- c. The incidence is highest in African-Americans*
- d. they are thought to be of a multifactorial etiology with a number of potential environmental and genetic contributing factors.

20. What is the recommended timing for cleft lip repair according to the "rule of 10's"?

- A) At 6 weeks of age
- B) After the child reaches 5 pounds in weight
- C) Once the hemoglobin value reaches 8 g/dl
- D) After 8 weeks of age
- E) At least 10 weeks old, 10 pounds in weight, and with a minimum hemoglobin value of 10 g/dl*

Maxillary sinus disease

1. During extraction of a maxillary molar, a root tip is left in the maxillary sinus. The treatment of choice is:

- A. Perform Caldwell-Luc to remove the tip*
- B. Perform hemimaxillectomy
- C. Enlarge opening in the socket area



D. No treatment indicated

E. All of the above

2. Maxillary sinus infection of odontogenic origin it most commonly caused by:

A. Aerobic bacteria

B. Anerobic bacteria*

C. Fungal

D. Viral

E. Spirochetes

3. -----provide precise images for maxillary sinus region.

A. Occlusal radiograph

B. Computed tomography*

C. Posteroanterior view

D. Panoramic radiograph

E. Magnetic resonance imaging

4. What is a characteristic symptom of acute maxillary sinusitis?

A. Gradual onset of pain

B. Chronic facial swelling

C. Malaise without fever

D. Drainage of clear mucus

E. Rapidly developing sense of pressure or pain*

5. What must be accomplished before elevating the buccal flap in the case of a chronic fistula?

A. Excision of the sinus lining

B. Removal of the tooth

C. Release of periosteum

D. Elevation of the palatal flap

E. Excision and inversion of epithelium from the fistula tract*

6. What term is used to describe inflammation of most or all of the paranasal sinuses simultaneously?

A. Panoramic sinusitis

B. Maxillary sinusitis

C. Pansinusitis*

D. Odontogenic sinusitis

E. Nasal polyps

7. How is transillumination of the maxillary sinuses performed?

A. By tapping the lateral walls of the sinus externally

B. By using a fiberoptic light against the mucosa on the palatal surfaces of the sinus*

C. By performing nasal and sinus endoscopy

D. By taking panoramic radiographs

E. By palpation intraorally on the lateral surface of the maxilla



8. How are retention cysts in the maxillary sinus formed?
 - A. By accumulation of serum under the sinus mucosa
 - B. By separation of sinus lining during surgery
 - C. By blockage of ducts within mucus-secreting glands*
 - D. By inflammation of the sinus lining
 - E. By perforation of the sinus membrane

9. How is a large oroantral communication treated immediately after creation?
 - A. By cover the extraction site with buccal advancement flap*
 - B. By prescribing antibiotics and antihistamines
 - C. By inserting a gauze pack over the surgical site
 - D. By performing a Caldwell-Luc approach
 - E. By conducting a Valsalva test

10. What is a potential disadvantage of using a full-thickness palatal flap for fistula closure?
 - A. Insufficient blood supply
 - B. Thinner tissue resembling crestal ridge tissue
 - C. Exposure of bone resulting from elevation of the flap*
 - D. Difficulty in suturing the flap in place
 - E. None of the above

11. A patient is most likely to experience pain due to infection of the ethmoidal air cells sinus.
 - A. At the base of the skull.
 - B. On the forehead.
 - C. In the cheeks.
 - D. Between the eyes.
 - E. None of the above

12. Patients with maxillary sinusitis frequently complain of dental pain to percussion of several maxillary posterior teeth. What does this often indicate?
 - a) Tooth decay
 - b) Gingivitis
 - c) Acute sinusitis*
 - d) Jaw fracture
 - e) None of the above

13. -----provide precise images for maxillary sinus region.
 - A. Occlusal radiograph
 - B. Computed tomography*
 - C. Posteroanterior view
 - D. Panoramic radiograph
 - E. Magnetic resonance imaging

14. What is the Valsalva test used for?





- a) To predict sinusitis
- b) To predict oroantral communication*
- c) To diagnose sinus cysts
- d) To diagnose sinus abscess
- e) To diagnose sinus mucoceles

15. A nasal antrostomy following Caldwell Luc procedure is created:

- A. Above the superior turbinate
- B. Beneath the superior turbinate
- C. Beneath the inferior turbinate*
- D. Above the inferior turbinate

16. Nasal antrostomy is usually done through:

- A. Middle concha
- B. Inferior meatus*
- C. Middle meatus
- D. Inferior concha

17. Berger flap procedure is used for:

- A. TMJ ankylosis
- B. TMJ dislocation
- C. Oro-antral communication*
- D. Pericoronitis

Implant

1. The majority of oral implants are made from:

- A. hydroxyapatite
- B. commercially pure (CP) titanium*
- C. noble metals or alloys
- D. carbon
- E. Silver

2. All of the following factors Control (affecting) Osseointegration except:

- A. Primary stability and surgical technique
- B. Forces (loading) & prosthetic design
- C. Bone quality & quantity
- D. The flap design*
- E. Implant design and dimension

3. Regarding Bone density classification, Type II is:

- A. Sparse corticocancellous bone
- B. Dense corticocancellous bone*
- C. Thin cortical bone
- D. Thick cortical bone only
- E. None of the above



4. Surgical placement of implants is guided by:

- A. A diagnostic wax up
- B. A radiograph of the site
- C. A surgical stent based on a diagnostic wax up*
- D. A study model
- E. No need for guide

5. There is Critical measurements specific to implant placement, which one is true:

- A. At least 5 mm inferior to the floor of the maxillary and nasal sinuses
- B. 1.5 mm from roots of adjacent teeth*
- C. 4 mm from adjacent implants
- D. 7 mm anterior to the mental foramen
- E. None of above is true

6. Health Scale for Dental Implants, failure (clinical or absolute failure) includes any of following except:

- A. Pain on function
- B. No longer in mouth
- C. no exudates history*
- D. Mobility
- E. None of the above

7. What is a primary advantage of immediate implant placement?

- A. It allows for remodeling of facial bone
- B. It requires less precise implant angulation
- C. It involves shorter overall healing time*
- D. It reduces the need for bone grafting
- E. It ensures immediate loading of the implant

8. Which bone grafting material is derived from a species genetically different from the graft recipient?

- A. Autogenous grafts
- B. Allografts
- C. Xenografts*
- D. Bone morphogenetic proteins (BMPs)
- E. Recombinant human BMP 2 (rhBMP-2)

9. Which technique is useful in preventing fibrous tissue ingrowth during bone graft healing?

- A. Bone morphogenetic proteins (BMPs) application
- B. Guided bone regeneration*
- C. Recombinant human BMP 2 (rhBMP-2) delivery
- D. Autogenous bone grafting
- E. Allograft placement



10. Which materials are commonly used to contain and shape particulate grafts for augmenting alveolar ridges?

- A. Titanium mesh trays*
- B. Recombinant human BMP 2 (rhBMP-2)
- C. Gore-Tex
- D. Autogenous bone
- E. Allografts

11. What is a primary disadvantage of using autogenous bone for mandibular augmentation?

- A. Minimal resorption after grafting
- B. Lack of need for donor site surgery
- C. Ineffectiveness in augmenting width of the alveolar ridge
- D. Risk of significant resorption after grafting*
- E. Difficulty in securing to the maxilla with small screws

12. What is a common method of securing corticocancellous bone blocks during maxillary onlay grafting?

- A. Using resorbable collagen
- B. Packing cancellous bone around the grafts
- C. Mixing with xenograft material
- D. Securing with small screws*
- E. Application of bone morphogenetic proteins

13. What is the purpose of a sinus lift procedure?

- A. To reduce the size of the maxillary sinus
- B. To increase the density of maxillary cancellous bone
- C. To place graft material within the sinus cavity*
- D. To elevate the zygomatic bone
- E. To facilitate extraction of posterior maxillary teeth

14. How is a sinus membrane perforation typically managed during a sinus lift procedure?

- A. By leaving the perforation untreated
- B. By filling the perforation with allogeneic bone
- C. By covering the perforation with a resorbable membrane*
- D. By using autogenous bone to seal the perforation
- E. By applying extra pressure to elevate the membrane

15. Which technique is used when only a few millimeters of augmentation are needed in conjunction with simultaneous implant placement?

- A. Open sinus lift
- B. Alveolar ridge distraction
- C. Zygomatic implants
- D. Indirect sinus lift*
- E. Extraoral implants



16. Which type of implant is considered when grafting the sinus floor is not feasible?

- A. Zygomatic implants*
- B. Extraoral implants
- C. Endosteal implants
- D. Subperiosteal implants
- E. Intravenous implants

17. What type of imaging technology is used for detailed visualization of bony anatomy in implant planning?

- A. MRI (Magnetic Resonance Imaging)
- B. Panoramic X-ray
- C. Computed Tomography (CT)*
- D. Intraoral scanning
- E. Ultrasonography

18. How does distraction osteogenesis work in alveolar ridge correction?

- A. By compressing bone segments
- B. By cutting an osteotomy in the maxilla
- C. By elevating the sinus membrane
- D. By gradually separating bony segments*
- E. By reflecting the zygomatic bone

19. Which dental technology allows for creation of surgical guides based on detailed imaging?

- A. Rapid prototyping
- B. Ultrasonography
- C. Intraoral scanning
- D. 3D printing*
- E. Dynamic navigation

20. What are extraoral implants used for?

- A. Anchoring prosthetic ears, eyes, and noses*
- B. Correcting alveolar ridge defects
- C. Facilitating sinus lift procedures
- D. Providing immediate implant stability
- E. None of the above

21. According to implant design, all these considered endosteal implant except one:

- A. Blade form
- B. Subperiosteal
- C. Mucosal Inserts
- D. Screw-shaped*
- E. Press-fit cylindrical

22. Maxillary onlay bone grafting is indicated primarily for which condition?

- A. Severe resorption of the mandibular alveolus



- B. Increased interarch space in the maxilla*
- C. Loss of zygomatic buttress area
- D. Presence of adequate palatal vault form
- E. Clinical alveolar ridge presence

23. Health Scale for Dental Implants, Compromised survival include Radiographic bone loss >1/2 length of implant

- A. false*
- B. true

24. In order to avoid an irreversible bone damage that can lead to failure of osseointegration, which one is false:

- A. Speed (1500- 1700 rpm)*
- B. Sharp drills
- C. High-torque handpiece
- D. None of above

25. There is Critical measurements specific to implant placement, which one is true:

- A. At least 5 mm inferior to the floor of the maxillary and nasal sinuses
- B. 2 mm superior to the mandibular canal*
- C. 4 mm from adjacent implants
- D. None of above is true

26. According to implant design, all these considered endosteal implant except one:

- A. Blade form
- B. Subperiosteal
- C. Mucosal Inserts*
- D. Screw-shaped
- E. Press-fit cylindrical

Pain

1. Select from the following statements those applicable to Atypical odontalgia.

- A. Persistent or throbbing pain provoked by biting and chewing
- B. never spreads to the adjacent teeth
- C. usually affected by testing tooth and surrounding tissues with thermal or electrical stimuli
- D. has no clear radiographical findings
- E. A and D*

2. Which of the following symptoms is not a recognized feature of classical Trigeminal Neuralgia?

- A. Light touch provokes the pain
- B. Pain occurs across two divisions of the Trigeminal Nerve
- C. Severe, shooting pain lasting around 30 seconds
- D. The initial attack of the pain was clearly memorable
- E. The pain occurs in conjunction with facial flushing*



3. Trigeminal neuralgia is characterised by:

- A. Paralysis of one side of the face
- B. Uncontrollable twitching of muscles
- C. Sharp, excruciating pain of short duration*
- D. Prolonged episodes of pain on one side of the face
- E. Male predisposition

4. Regarding migraine:

- A. It predominately affects males.
- B. It is hereditary dominant trait disease
- C. Migraine lasting for few seconds.
- D. Unilateral headache is more common*.
- E. None of the above is true

5. What are early symptoms and signs of shingles?

- A. Tingling, burning, pain, and sensitive skin*
- B. Itching rash
- C. Painful, bloody blisters
- D. All of the above
- E. None of the above

6. Which of the following conditions is more commonly known as a 'dry socket'?

- A. Acute pulpitis
- B. Periapical periodontitis
- C. Alveolar osteitis*
- D. Pericoronitis
- E. Acute necrotizing ulcerative gingivitis

7. Frey's Auriculotemporal Syndrome can occur following:

- A. Sagittal split osteotomy
- B. Caldwell-Luc operation
- C. Parotidectomy
- D. Marsupialization
- E. All of the above

8. Which condition may cause bone pain in the orofacial region?

- A. Gingivitis
- B. Alveolar osteitis (dry socket)*
- C. Cavity
- D. Enamel erosion
- E. Bruxism

9. What investigation is recommended for mucosal pain conditions like traumatic ulceration or aphthous stomatitis?

- A. X-ray



- B. Biopsy*
 - C. MRI
 - D. Serum uric acid test
 - E. CT scan
10. How is periodontal pain (periodontitis) initially relieved?
- A. By clenching the teeth
 - B. By avoiding spicy food
 - C. By applying ice packs
 - D. By taking antibiotics
 - E. By resting the jaw
11. What is the typical presentation of dental pain (odontalgia) caused by pulpitis?
- A. Continuous dull pain
 - B. Sharp pain provoked by thermal changes
 - C. Pain relieved by clenching teeth
 - D. Pain referred to the opposite tooth
 - E. Pain aggravated by head bending
12. How is sinusitis typically diagnosed when it presents as maxillary pain?
- A. X-ray of the teeth
 - B. MRI of the jaw
 - C. CT scan of the sinuses
 - D. Occipitomental view X-ray
 - E. Ultrasound of the face
13. What is the treatment for atypical odontalgia?
- A. Muscle relaxant medications
 - B. Tricyclic antidepressant*
 - C. Vasoactive Ergotamine Tartrate
 - D. Reassurance
 - E. Prednisone
14. Which orofacial pain condition is characterized by abnormal sensations such as burning tongue and dry mouth?
- A. Migraine
 - B. Cluster headache
 - C. Giant cell arteritis
 - D. Oral dysesthesia*
 - E. Factitious ulceration
15. How is giant cell arteritis diagnosed?
- A. Clinical examination
 - B. Biopsy of the artery*
 - C. MRI scan



D. Blood test

E. X-ray

16. What is the most common site involved in Paroxysmal Trigeminal Neuralgia?

- A. Ophthalmic distribution
- B. Mandibular mental area*
- C. Maxillary tuberosity area
- D. Infraorbital foramina
- E. Temporal region

17. Which drug is recommended for the treatment of Glossopharyngeal neuralgia?

- A. Phenytoin
- B. Carbamazepine
- C. Tegretol*
- D. Ibuprofen
- E. Antidepressant

18. What is the treatment for Causalgia?

- A. Cryotherapy
- B. Avulsion of the peripheral nerve
- C. Antidepressant
- D. All of the above*
- E. None of the above

Cyst

1. Which one of the following is not consider as odontogenic cyst:

- A. Developmental lateral periodontal cyst
- B. Eruption cyst
- C. Nasopalatine duct cyst*
- D. keratocyst
- E. Radicular cyst

2. Regarding the radicular cysts, all these following is true except one:

- A. Are being the most common type
- B. It is an inflammatory cyst
- C. It is associated with a vital tooth*.
- D. An intraoral sinus tract may be identified with discharging pus when the cyst is infected
- E. Radiologically its round or ovoid shaped radiolucency

3. Carnoy's solution is used in treatment of:

- A. Ameloblastoma
- B. Odontogenic keratocyst*
- C. Dentigerous
- D. Mucocele
- E. Squamous cell carcinoma



4. A newborn infants have small nodules or cysts in the gingivae, it is suspected:
 - A. Aneurysmal bone cyst
 - B. Lateral Periodontal Cysts
 - C. Nasolabial Cyst
 - D. Bohn's nodules*
 - E. Epstein's pearls

5. Which of the following is not of an advantage of marsupialization:
 - A. Exposure of very little bone
 - B. Preservation of vital structure
 - C. Rabid healing*
 - D. Conservative surgical suture
 - E. Allows for endosteal bone formation to take place.

6. A 14-year-old boy has delayed eruption of the second molar, radiography shows a dentigerous cyst surrounding the crown of the tooth. The treatment of choice is:
 - A. Extraction of the molar
 - B. Aspiration of the cyst
 - C. Observe
 - D. Expose the crown and keep it exposed*
 - E. None of the above.

7. developmental cyst, all these consider developmental cysts except one:
 - a. Odontogenic keratocyst
 - b. Dentigerous (follicular) cyst
 - c. Radicular*
 - d. Nasopalatine duct cyst

8. Cyst that attached to the cementoenamel junction of unerupted tooth:
 - a. Dentigerous (Follicular) cyst*
 - b. nasolabial cyst
 - c. odontogenic keratocyst
 - d. cystic hygroma

9. Clinical features of odontogenic keratocyst, which one is different:
 - a. It cause severe pain and swelling*
 - b. Mostly affect the mandible, involve the angle, the ascending ramus and body of the mandible
 - c. contain cheesy like material
 - d. it appear as well- defined radiolucent area, with rounded or scalped margin

10. Gorlin- goltz syndrom , all the following are true except:
 - a. it is called the basal cell naevus syndrome
 - b. It is heritable as an autosomal recessive trait*
 - c. Multiple keratocyst of the jaws
 - d. frontal and parietal bossing



11. Possible reasons of recurrence of odontogenic keratocyst, one of following is false :

- a. Presence of satellite cysts in the wall of cyst
- b. Finger like extensions into cancellous bone
- c. Thick lining and very difficult to enucleate*
- d. Epithelial lining of keratocyst have an intrinsic growth potential

12. Needle aspiration of a central bone lesion is useful:

- A. to rule out a vascular lesion*
- B. to determine thickness of buccal plate
- C. to diagnose traumatic bone cyst
- D. to feel root surfaces

13. The aspirate from a keratocyst will have:

- A. a low soluble protein content*
- B. a high soluble protein content
- C. Cholesterol crystal
- D. inflammatory cells

14. Expected surgical procedure most frequently indicated for odontogenic cysts is:

- A. Incision and drainage
- B. Sclerosing solution
- C. Marsupialization
- D. Enucleation*

15. The cyst is deroofed and the surrounding periosteum is sutured to the margins of the cyst wall in:

- A. Decortication
- B. Marsupialization*
- C. Saucerization
- D. Enucleation

16. Best treatment of the large cyst:

- A. Enucleation
- B. Marsupialization
- C. Marsupialization followed by Enucleation*
- D. Enucleation followed by Marsupialization

17. A 5 cm suspicious looking lesion of oral mucosa should be:

- A. Incised and sent for biopsy*
- B. Excised and sent for biopsy
- C. Irradiated
- D. Offered palliative treatment

Odontogenic tumor



1. Odontoma is treated by:
A. Excision*
B. Resection
C. Radiotherapy
D. Marsupialization
E. All of the above

2. The most appropriate method to differentiate between a dentigerous cyst and an ameloblastoma is through:
A. Radiographic examination
B. Aspiration cytology
C. Microscopic examination*
D. Clinical features
E. Clinical history

3. Which of the following surgery is indicated for the removal of the 3 cm ameloblastoma involving the inferior border of the mandible?
A. Enucleation
B. Fulguration
C. Cryosurgery
D. Chemotherapy
E. Resection*

4. Compound odontoma shows:
A. Mixed tissue of dental origin with no resemblance to the tooth structure
B. Numerous tooth like structure with denticles*
C. Round shaped radiolucency
D. Haphazardly arranged calcified mass
E. All of the above

5. Ameloblastoma most frequently occurs in:
A. Maxillary premolar region
B. Maxillary molar region
C. Mandibular premolar region
D. Mandibular molar region*
E. Anterior region of maxilla

6. Odontogenic tumors just 1 cm away from lower border:
A. Enbloc resection*
B. Hemimandibulectomy
C. Enucleation
D. No treatment
E. Radiotherapy

7. Ameloblastoma most frequently occurs in:





- A. Maxillary premolar region
- B. Maxillary molar region
- C. Mandibular premolar region
- D. Mandibular molar region*
- E. Anterior region of maxilla

8. Pindborg tumor :

- a. Adenoameloblastoma
- b. Calcifying epithelial odontogenic tumor*
- c. Adenomatoid Odontogenic Tumor
- d. Ameloblastic fibroma

9. Odontomas, which one of the following is different:[^]

- a. it is relatively common lesion
- b. It usually occurs in young patients
- c. complex odontoma is a malformation in which all the dental tissues are represented but occur in a disorderly pattern.
- d. Radiographically, radiolucent lesion is seen in close association with teeth.*

10. All the following are consider ectomesodermal odontogenic tumor except one:[^]

- a. Odontogenic myxoma.
- b. Odontogenic fibroma.
- c. Ameloblastoma*
- d. Cementoblastoma.

11. When treated with simple curettage, which odontogenic tumor is most likely to recur?

- A. Complex odontoma
- B. Compound odontoma
- C. Odontogenic myxoma*
- D. Ameloblastic fibroma

12. Odontogenic tumors just 1 cm away from lower border:

- A. Enbloc resection*
- B. Hemimandibulectomy
- C. Enucleation
- D. No treatment

None odontogenic tumor

1. Regarding Albrights syndrome, which statement is false:

- A. Intramuscular myxomas*
- B. Skin pigmentation (café au lait) which frequently overlie affected bones
- C. Multiple endocrinopathies*
- D. Polyostotic fibrous dysplasia
- E. None of the above



2. A 8-years-old boy presented with by lateral swelling of mandible which was asymptomatic and slowly progressive in nature, radiologic picture had extensive bilateral multilocular radiolucency in posterior mandibular angle and body, this is a characteristic picture of:
- A. Hand-Schuller-Christian disease
 - B. Lettere-Siwe disease
 - C. Cherubism*
 - D. Eosinophilic granuloma
 - E. Fibrous dysplasia
3. The management of ossifying fibroma consists of:
- A. En-block resection
 - B. Enucleation *
 - C. Segmental resection
 - D. Cryotherapy
 - E. Radiotherapy
4. Ground glass appearance is seen in:
- A. Fibrous epulis
 - B. Fibrous dysplasia*
 - C. Ossifying fibroma
 - D. Florid cemento-osseous dysplasia
 - E. Ewing sarcoma
5. The recommended treatment for fibrous dysplasia is:
- A. Curettage for contouring*
 - B. Resection en-block
 - C. Radiotherapy
 - D. Cryosurgery
 - E. None of the above
6. Regarding to Osteomas, which statement is false:
- A. Osteomas are benign tumors composed of mature compact or cancellous bone
 - B. Osteomas are removed with surgical excision and have a high rate of recurrence.*
 - C. Osteomas appear as circumscribed sclerotic masses.
 - D. Gardner syndrome is a rare disorder that characterized by multiple osteomas
 - E. None of the above
7. Treatment of fibrous dysplasia in young 25 years old patient involved maxilla is best treated by:
- A. Enbloc resection
 - B. Shaving for esthetic purposes*
 - C. Maxillary resection
 - D. Radiation therapy
 - E. All of the above

8. Name of the lesion which is not a radiolucent lesion of jaws:

- A. Ameloblastoma
- B. Cherubism
- C. Odontogenic cyst
- D. Focal cemento-osseous dysplasia*
- E. central giant cell lesion

9. Gardner syndrome:

- a. Comprises multiple osteomas particularly in the skull
- b. bowel polyps with high malignant transformation
- c. multiple dermoid cysts.
- d. All of above are true *

10. Albrights syndrome, which one is false:

- a. Monostotic fibrous dysplasia*
- b. Skin pigmentation (café au lait) which frequently overlie affected bones
- c. Multiple endocrinopathies
- d. Polyostotic fibrous dysplasia

11. Fibrous dysplasia, all these condition include in this term except :

- a. Monostotic fibrous dysplasia
- b. Gigantiform cementoma*
- c. Jaffe-Lichtenstein syndrome
- d. McCune-Albright syndrome

premalignant lesion

1. High risk site of malignant transformation of Leukoplakia is:

- A. dorsum of the tongue
- B. hard palate
- C. Soft palate
- D. Floor of mouth*
- E. lip

2. Which one of the following clinical types of lichen planus is considered has a greater potential to undergo malignant change:

- A. Reticular
- B. Papular
- C. Plaque-like
- D. Erosive*
- E. bullous

3. Which of the following diseases has the highest malignant transformation rate:

- A. Leukoplakia
- B. Erythroplakia*
- C. Oral lichen planus



- D. Oral submucosal fibrosis
E. Palatal changes associated with reverse smoking
4. Wickham's striae are seen in:
A. Leukoplakia
B. Lichen planus*
C. Erythroplakia
D. Carcinoma in situ
E. Speckled leukoplakia
5. Advantage of magnetic resonance imaging MRI versus computed tomography CT included of all the following except:
A. It requires no ionizing radiation for imaging acquisition
B. It permit a direct visualization of soft tissue
C. Excellent bone detail*
D. Very accurate in detecting small tumor
E. None of the above
6. In respect to the actinic cheilitis, on statement is incorrect:
A. It effects the lower lip
B. It mainly effects the females*
C. It results from long term or excessive exposure to the ultraviolet component of sunlight
D. Vermilionectomy should be performed in cases of dysplasia
E. All of the above
7. Widely accepted etiological factor in case of Oral submucous fibrosis is:
A. Betel quid (paan)*
B. Tobacco
C. Chillies
D. Neutrinos deficiency
E. Reverse smoking
8. Which one of the following is not a clinical appearance for leukoplakia:
A. Erythematous
B. Verrucous
C. Granular (nodular)
D. Thick (homogenous)
E. Speckled
9. the most common malignancy of oral cavity is :
A. Melanoma
B. Basal cell carcinoma
C. Squamous cell carcinoma*
D. Lymphoma





10. The most common site distribution of oral SCC is:

- A. Tongue *
- B. Floor of mouth
- C. Lower alveolus
- D. Buccal mucosa

11. All these conditions are considered as differential diagnosis of erythroplakia except:

- a. erythematous candidiasis
- b. systemic lupus erythematosus
- c. Acute pseudomembranous candidiasis*
- d. telangiectasias

12. Type of leukoplakia; speckled leukoplakia has the highest malignant potential among all subtypes

- a. False
- b. True*

13. leukoplakia is more common among non-smokers than smokers

- a. False*
- b. True

14. which of the following is not of premalignant condition:

- A. Oral lichen plums
- B. Oral submucosal fibrosis
- C. Zeroderma pigmentosum
- D. Cheilitis granulomatosa*

15. Deficiency of which vitamin can induce metaplasia and keratinisation of certain epithelial structures leading to oral leucoplakias:

- A. Vit A*
- B. Vit C
- C. Vit D
- D. Vit K

Orthognathic surgery

1. Which procedure considered as a universal that can be employed for all mandibular movements:

- A. Bilateral sagittal split osteotomy (BSSO)*
- B. Vertical remus osteotomy
- C. Inverted L osteotomy
- D. Inferior border osteotomy
- E. Le Fort I osteotomy

2. The genioplasty procedure is used:

- A. To change the attachment of genioglossus muscle in pre-prosthetic procedure
- B. To change the position of tubercles
- C. To modified the position of the chin*



- D. To modified the attachment of posterior belly of digastric
E. All of the above
3. The surgical procedure for skeletal II malocclusion due to retrognathic mandible is:
A. LeFort I osteotomy
B. BSSO set pack of mandible
C. Advancement genoplasty
D. LeFort II osteotomy
E. BSSO advancement of mandible*
4. Apertognathia is a condition in which there is:
A. Retrogenia
B. Maxillary hypoplasia
C. Open bite deformity*
D. Maxillary and mandibular prognathism only
E. None of the above
5. LeFort 1osteotomy, which one is false:
A. To correct cleft palate and post trauma patient
B. Correct maxillary retrognathism
C. Correct vertical maxillary deficiency
D. Bone grafting required in all cases*
E. None of the above
6. A patient with class II malocclusion is operated for genioplasty his anterior teeth after the operation would be:
A. In edge-to-edge bite
B. Without any change*
C. Having no over bite
D. Class III malocclusion
E. All of the above
7. The basic advantage of the sagittal split osteotomy is:
A. It is carried out intraorally as well as extraorally
B. No bone grafting is required when defect is less than 8 mm*
C. There are no chance of paraesthesia
D. Avoid damaging the nerve
E. No chance for relapse
8. During genioplasty there are chances of injuring:
A. Inferior alveolar nerve
B. Marginal mandibular nerve
C. Lingual nerve
D. Temporal nerve
E. Mental nerve*





9. Vertical remus osteotomy, which one is false:

- A. Performed in the ramus of the mandible for the correction of mandibular excess.
- B. The ramus is sectioned in a vertical and horizontal fashion*
- C. The proximal segment of the ramus overlaps the anterior segment
- D. The extraoral approach is rarely used
- E. None of the above

10. Orthognathic decompensation is done

- A. Is done at the time of surgery
- B. Is done before the surgery*
- C. Is done after surgery
- D. Nature itself decompensate or dental compensation
- E. None of the above

11. The latent period of distraction osteogenesis:

- A. 4-6 weeks
- B. 5-7 days*
- C. 6-8 months
- D. 4 months
- E. 1 day

12. Regarding the possible advantages of distraction osteogenesis, all statement was true except:

- A. To produce larger skeletal movements
- B. Decreased neurosensory loss
- C. Elimination of the need for bone grafts
- D. Low cost*
- E. Less trauma to the TMJs

13. Vertical remus osteotomy technique used for:

- A. Mandibular advancement
- B. Mandibular setback*
- C. Mandibular rotation
- D. Mandibular widening
- E. All of the above

14. Regarding distraction osteogenesis, time is allowed (5 to 7 days) for reparative callus formation in the distraction zone is:

- A. The latency phase*
- B. The distraction phase
- C. The consolidation phase
- D. Remodeling
- E. Surgical phase



15. the orthognathic surgery that is commonly carried out for correction of mandibular prognathism is:

- a. sagittal split osteotomy*
- b. LeFort 1 osteotomy
- c. vertical remus osteotomy
- d. genioplasty

16. In patient with class III facial profile one would think of which type of genioplasty

- a. Reduction genioplasty*
- b. Advancement genioplasty
- c. Straightening genioplasty
- d. Rotational genioplasty

Vascular lesion

1. Treatment for vascular malformations can involve injecting a substance into a vessel that eventually leading to the formation of scar tissue within the vessel. What is the name of this procedure?

- A. Sclerotherapy*
- B. Embolization
- C. Laser therapy
- D. Catheter ablation
- E. None of the above

2. The most common tumors in infancy is:

- A. Osteosarcoma
- B. Ameloblastoma
- C. Arteriovenous Malformations
- D. Infantile hemangiomas
- E. None of the above

3. What is the primary purpose of imaging in the diagnosis of vascular anomalies?

- A. Confirm the suspected diagnosis
- B. Establish the extent of the lesion
- C. Document any associated abnormalities
- D. All of the above*
- E. None of the above

4. What is the role of contrast-enhanced computed tomography (CT) in evaluating vascular anomalies?

- A. Mapping out the blood supply of the lesion
- B. Assessing the characteristics of flow in arteriovenous malformations
- C. Evaluating intraosseous lesions and bony margins*
- D. Distinguishing between different types of vascular anomalies
- E. None of the above



5. What is the most common tumor in childhood?

- A. Hemangioma*
- B. Lymphoma
- C. Osteosarcoma
- D. Neuroblastoma
- E. Rhabdomyosarcoma

6. Which region of the body is most commonly involved in hemangiomas?

- A. Abdomen
- B. Extremities
- C. Head and neck*
- D. Back
- E. Chest

7. What is the ratio of girls to boys affected by hemangiomas?

- A. 1:1
- B. 2:1
- C. 3:1*
- D. 4:1
- E. 5:1

8. Which type of hemangioma appears soon after birth?

- A. Infantile hemangioma*
- B. Congenital hemangioma
- C. Rapidly involuting congenital hemangioma
- D. Non-involuting congenital hemangioma
- E. Partially involuting congenital hemangioma

9. What is the mortality rate associated with Kasabach-Merritt syndrome?

- A. 10%-20%
- B. 20%-30%
- C. 30%-40%*
- D. 40%-50%
- E. 50%-60%

10. . What is the primary treatment of capillary malformations?

- A. Surgery
- B. Sclerotherapy
- C. Laser application*
- D. Cryotherapy
- E. None of the above

11. What is the high-flow subtype of vascular malformations?

- A. Capillary
- B. Venous



C. Arteriovenous*

D. Lymphatic

E. Combined

12. Intraosseous arteriovenous malformations involving the jaw can lead to massive life-threatening bleeding, commonly after tooth extraction. True or False?

A. True*

B. False

13. Venous malformations can be characterized by an abnormal collection of veins and often lack a uniform smooth muscle layer. True or False?

A. True*

B. False

14. What is the most widespread method of treatment for venous malformations?

A. Surgery

B. Cryotherapy

C. Sclerotherapy*

D. Laser treatment

E. None of the above